

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

*OPEN 4038  
DEC 03 2009  
U.S. PATENT & TRADEMARK OFFICE*

**TRANSMITTAL FORM**  
(to be used for all correspondence after initial filing)

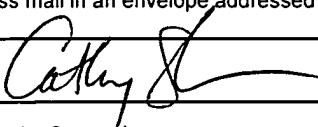
Number of Pages in This Submission	18	Attorney Docket Number	915-005.089																																	
<b>ENCLOSURES (Check all that apply)</b> <table border="1"> <tr> <td><input checked="" type="checkbox"/> Fee Transmittal Form</td> <td><input type="checkbox"/> Drawing(s)</td> <td><input type="checkbox"/> After Allowance Communication to TC</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Licensing-related Papers</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input checked="" type="checkbox"/> Amendment/Reply</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</td> </tr> <tr> <td><input checked="" type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition to Convert to a Provisional Application</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td> <td><input type="checkbox"/> Power of Attorney, Revocation</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input type="checkbox"/> Extension of Time Request</td> <td><input type="checkbox"/> Change of Correspondence Address</td> <td><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input type="checkbox"/> Terminal Disclaimer</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> Request for Refund</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Document(s)</td> <td><input type="checkbox"/> CD, Number of CD(s) _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application</td> <td><input type="checkbox"/> Landscape Table on CD</td> <td></td> </tr> <tr> <td><input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</td> <td></td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter	<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination	<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____		<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD		<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
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Remarks																																				

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Ware, Fressola, Van Der Sluys & Adolphson LLP		
Signature			
Printed name	Keith R. Obert		
Date	December 1, 2009	Reg. No.	58,051

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Cathy Sturmer	Date	December 1, 2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
Effective on 12/08/2004.**FEE TRANSMITTAL  
For FY 2009** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

810.00

**Complete if Known**

Application Number	10/755,868
Filing Date	January 12, 2004
First Named Inventor	Ossi KALEVO
Examiner Name	Akililu WOLDEMARIAM
Art Unit	2609
Attorney Docket No.	915-005.089

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0442 Deposit Account Name: Ware, Fressola et al.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
52	26
220	110
390	195

Each independent claim over 3 (including Reissues)

**Multiple Dependent Claims**

Multiple dependent claims

**Fee (\$)**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

**Fee (\$)****Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

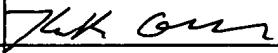
Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): Request for Continued Examination

810.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 58,051	Telephone 203-261-1234
Name (Print/Type)	Keith R. Obert		Date December 1, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.